

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.	2/5	08-13-01
O.I.P.E. CLASSIFIER			8/21/01
FORMALITY REVIEW	TB	JC 1608	09-19-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	2/20/01
2	2/20/01
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Claim	Date
Final	
Original	
51	2/20/01
52	2/20/01
53	2/20/01
54	2/20/01
55	2/20/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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 9/11